



LICENSING DIVISION
P.O. Box 989003
West Sacramento, CA 95798-9003
(800) 952-5210



Application For

Transfer Change of Address
 Reinstatement Change of Name Duplicate

CEMETERY SALESPERSON'S LICENSE

Pursuant to the provisions of Chapter 19, Division 3
 of the Business and Professions Code.

Fee \$25.00

Do Not Write In This Space

Date Recvd _____

License No _____

Date Issued _____

IMPORTANT :

1. Mail application with fee to the Licensing Division. Fee is not refundable.
2. Remit fee by check or money order made payable to the Licensing Division - **DO NOT SEND CURRENCY.**

Per California Civil Code, Section 1798.17 (Information Practice Act), the Director of the Department is responsible for maintaining the information in this application. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by Section 1798.40 of the Civil Code.

TO:

1. Name of Salesperson		2. Social Security Number	
3. Residence Address	Number and Street	City	State Zip
4. Employed By:		5. Business Telephone ()	
6. Employer's Address	Number and Street	City	State Zip

FROM:

1. Name of Salesperson		2. License Number	
3. Residence Address	Number and Street	City	State Zip
4. Employed By:		5. Business Telephone ()	
6. Employer's Address	Number and Street	City	State Zip

CERTIFICATE OF APPLICANT

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT the answers given in this application are true and correct, and that if licensed I will not violate any provisions of the Cemetery Act nor misuse the privileges of the registrant.

Signature _____ Date _____

CERTIFICATE OF EMPLOYER

I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT I am a licensed Cemetery Broker. I request the Cemetery Board to issue to the person named in this application a license as Cemetery Salesperson in my employ. I certify that if a license is issued I will exercise a careful supervision over the salesperson's cemetery activities while so employed. I am aware of the provisions of Section 370 of the Labor Code which requires every employer to be insured for worker's compensation.

Signature _____ Date _____

Cemetery Broker License Number _____

¹ Disclosure of your social security number (SSN) and/or federal employer identification number (FEIN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455(42 USCA 405(c)(2)(C) authorizes collection of your SSN or FEIN. This information will be used exclusively for tax enforcement purposes and for purposes of compliance with section 11350.6 of the Welfare and Institutions Code. If you fail to disclose your SSN or FEIN, you will be reported to the Franchise Tax Board, which may assess a \$100.00 penalty against you.